

# **LARGE JAIL NETWORK BULLETIN**

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# Introduction

This issue of the ***Large Jail Network Bulletin*** includes a variety of articles on topics that have been addressed at several recent Network meetings. Privatization, inmate health care, and inmate programs have drawn a great deal of interest from the field, and inmate population control remains an important issue for discussion. It is our belief that these articles will be not only interesting to our readers but also useful additions to the resource information that you have previously acquired on these topics.

Since the purpose of the ***Bulletin*** is to provide a forum for the discussion of issues and ideas, the contents of the articles and the points of view expressed are those of the authors and do not necessarily reflect my position or the position of the National Institute of Corrections.

I look forward to meeting with you at the upcoming Large Jail Network meeting in Longmont, Colorado, where we will be discussing public policy, intergovernmental relations, and the role of jails in the United States. Thank you for continuing to make the Network an effective information exchange.

***Mike O'Toole***  
***Chief, NIC Jails Division***  
***Longmont, Colorado***

# Are "Doing Well" and "Doing Good" Contradictory Goals of Privatization?

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More than a decade has passed since the first secure facility management contracts were awarded to private firms. These contracts and others that soon followed caused highly visible cracks to form in the foundation of a governmental monopoly whose right to exist had previously not been seriously challenged. Although these awards did not provoke opposition by the American Correctional Association (ACA)<sup>1</sup>, the reaction from many other organizations—including the American Bar Association (ABA), the American Federation of Federal, State, and Municipal Employees (AFSCME), the American Jail Association (AJA), and the National Sheriffs' Association (NSA)—can fairly be described as hostile.<sup>2</sup>

A significant proportion of this hostile response is an effort by these organizations to protect the vested interests of their members. Beyond efforts to protect self-interests, however, is the persistent and not unreasonable fear that private corporations will be so motivated by the need to become and remain profitable that they will not provide

correctional services of suitable caliber. In his influential anti-privatization monograph entitled *The Legal Dimensions of Private Incarceration*, for example, Ira P. Robbins argued that "private-prison corporations will be drawn to cost-cutting measures that will have adverse effects on the prison system. . . . In short, privatization is not a panacea; the private sector is more interested in doing well than in doing good."<sup>3</sup>

The goal of this essay is to determine if the fear that private firms will sacrifice "doing good" for the sake of "doing well" has a foundation in fact. Two key questions will be examined:

- Does the evidence support the premise of privatization proponents that contracting yields significant cost savings?
- Does the evidence support the fear of privatization opponents that any cost savings will be matched by decreased quality in correctional services?

## Evidence of Cost Savings to Contracting Agencies

By far the weakest challenge to correctional privatization comes from those who contend that contracting is unlikely to yield signif-

icant cost benefits. The reasons this challenge lacks credibility are at least two-fold:

- First, the very fact that a contract exists strongly suggests that the contracting governmental entity was confident that cost savings would be achieved. During a decade of personal experience with contracting, I have yet to encounter a unit of government that was willing to contract without having first been assured of cost savings. Indeed, it is not uncommon to see tangible evidence of cost savings being cast as a statutory precondition for contract awards.<sup>4</sup>
- Second, it is universally acknowledged that fringe benefits—especially retirement benefits—in the private sector are less generous than those available to public employees. Thus, a reasonable person ought to be surprised only if he or she encountered a contracting initiative that failed to yield at least some cost savings.

The real question is how great the cost savings of contracting are likely to be rather than whether there will be any savings. Unfortunately, sound evidence of the magnitude of cost savings is not abundant. This is surprising, given that efforts to

reduce operating costs have been a driving force behind privatization. As recently as 1987, an in-depth report by the Council of State Governments and the Urban Institute

### The results of cost savings analysis vary broadly from contract to contract.

observed that "we have not found available reliable cost information at any of the levels of government studied here." Since then, however, a good deal of evidence has been published!

**R**eflecting both the sophistication of the cost comparison methodologies used and various other factors, the results of cost savings analyses vary quite broadly from contract to contract. Two key studies based on conservative approaches warrant special emphasis here.

The first study was conducted by Charles H. Logan and Bill W. McGriff and published in 1989 by the National Institute of Justice.<sup>8</sup> Logan and McGriff compared the actual contract cost paid to the Corrections Corporation of America (CCA) for operating the 350-bed Hamilton County Penal Farm located near Chattanooga, Tennessee, between 1985 and 1988 with estimates of what Hamilton County would have paid had it continued to operate the facility itself. The estimates were based on actual 1983-84 expenditures, plus annual employee salary increases

equal to those actually received by Hamilton County employees and non-salary increases equal to inflation, as measured by the Consumer Price Index. The total estimated cost for continued public management of the facility for the three-year period was \$9,909,717;

the total actually paid to CCA during the three-year period was \$9,404,801. Thus, Logan and McGriff concluded that the total cost savings realized by contracting was \$504,917, or an average annual operating cost savings of 5.37 percent. Significantly, this cost savings was possible despite the fact that public operating costs estimated for the three-year period averaged only \$26.08 per inmate-day, a cost well below the reported average of roughly comparable facilities elsewhere in Tennessee.

The second study was published by the Texas Sunset Advisory Commission in 1991 and was designed to determine whether contracts awarded to CCA and to the Wackenhut Corrections Corporation (WCC) by the Texas Department of Criminal Justice (TDCJ) in 1988 had achieved the 10 percent cost savings required by Texas law.<sup>9</sup> The contracts called for each firm to design, construct, and manage two 500-bed minimum security prisons. The cost savings analysis methodology called for the Sunset Advisory Commission, on the basis of data supplied by the TDCJ, to determine

what the cost to Texas would have been in 1990 had the four prisons been operated by the TDCJ and to compare that estimate with the actual payments made to CCA and WCC. The results reveal an average estimated per diem cost (including debt service) for public operation of the facilities at \$42.92 and an actual payment to CCA and WCC of \$36.76. The resulting estimated savings of \$6.16 per prisoner per day, or \$4,496,800 per year for all four facilities, yields an estimated cost savings of 14.35 percent.<sup>10</sup>

Today no informed critics of privatization deny that contracting will yield significant savings. Instead, they advance the "you get what you pay for" argument and contend that discounted prices will necessarily yield substandard services. If this claim were valid, then clearly contracting for correctional services would be "penny wise but pound foolish." The available evidence thus deserves serious consideration.

### Indicators of Quality in Corrections Contracting

Perhaps quality, like beauty, is to be determined only in the mind of the beholder, but significant evidence now exists regarding the quality of contract services. This evidence uniformly supports a conclusion that efforts to achieve cost savings by contracting do not undermine the goal of providing high-caliber correctional services. Here I will point to four types of evidence.

**1. Contract renewal. The first indicator** is as broad-and perhaps as crude-as it is pragmatic. It evaluates quality by measuring the willingness of contracting units of government to renew existing contracts. The hypothesis is that contracts would be terminated for cause or not renewed if contracting units of government were dissatisfied with either the cost savings being realized or the caliber of the services being provided by contractors.

When correctional contracting is evaluated in this manner, it is obvious that government satisfaction is considerable. My review of contracts awarded for the management of secure adult facilities since the mid-1980s identifies only one instance of a facility closing for reasons related to inadequate contract performance and one instance in which a contract was shifted from one private management firm to another for roughly comparable reasons. Not insignificantly, neither of the management firms involved in these situations is presently involved in the management of adult correctional facilities.

Additionally, my data reveal only one contract that was not renewed because of cost considerations. Put differently, the best available data fail to reveal a single contract awarded to any firm now a part of the private corrections industry that has been terminated or not renewed for reasons related to the caliber of contract performance.

**2. Litigation.** The second indicator is similarly broad and equally pragmatic. It focuses on the litigation experience of private corrections management firms. A recent and reasonably careful review of the circumstances of all privately managed jails and prisons in the United States fails to reveal a single facility that is operating under a consent decree or court order as a consequence of suits brought by prisoner plaintiffs.<sup>11</sup> When one recognizes that major facilities or entire systems in roughly three-quarters of American jurisdictions are now operating under consent decrees or court orders and that similar court intervention is hardly uncommon in local correctional systems, the fact that private facilities remain unblemished by successful prisoner suits is not trivial.

**3. Accreditation.** The third indicator flows from the remarkable success private management firms have had in achieving full accreditation for their facilities from the Commission on Accreditation of the ACA. To be sure, the correlation between ACA accreditation status and caliber of services provided is imperfect. I am certainly willing to accept the hypotheses that there are facilities that have not sought ACA accreditation within which one finds sound services and that there are ACA-accredited facilities that are far from exemplary on one or more dimensions. At the same time, however, there is something to be said in favor of those correctional facilities that are willing to shoulder the substan-

tial burdens associated with seeking accreditation and to accept the risks associated with independent professional assessments by ACA audit teams.

The fact is that private firms have walked successfully down the accreditation path far more often than have their public sector counterparts. Of the fifty-three private facilities now operating in the United States, twenty-five, or 47.17 percent, are already ACA-accredited, and an additional seven, or 13.21 percent, have applied for accreditation.<sup>12</sup>

**4. Quality of confinement. The** final indicator comes from the growing body of research literature examining the quality of privately provided correctional services.<sup>13</sup> Certainly the most sophisticated of these reports is that published recently by Charles H. Logan. Based on data from institutional records and modified versions of the Prison Social Climate Survey developed by the Federal Bureau of Prisons, Logan gathered detailed data on the quality of confinement in three facilities: the New Mexico Women's Correctional Facility, operated by CCA the Western New Mexico Correctional Facility, which housed New Mexico's female prisoners prior to the opening of the CCA facility in 1989; and the Federal Correctional Institution in Alderson, West Virginia.

The study included 333 empirical indicators designed to measure eight aspects of the quality of confine-

ment. Logan's overall conclusion was: "The private prison outperformed the state and federal prisons, often by quite substantial margins, across nearly all dimensions."<sup>14</sup>

In sum, the best available evidence provides no support for the hypothesis that the cost saving strategies of private management firms undermine the caliber of services provided in the facilities for which they are responsible.

### Concluding Comments

Private corrections management firms have to date been awarded approximately seventy-five contracts for facilities in the United States, Great Britain, and Australia whose total prisoner capacity is well above 30,000. The available evidence consistently reveals both that private management yields significant cost benefits to contracting units of government and that those benefits are not being achieved at the expense of either the caliber of the correctional services prisoners receive or the public safety interest.

Notwithstanding this sound record of performance, many working in the public sector choose to think of their private sector colleagues as "privateers" who are committed to any and all means of maximizing profits at the expense of the public interest in general and the interest of prisoners in particular.

It is true, of course, that there is much variability among private corrections firms. Some are more competent and capable than others—just as some public agencies are more competent and capable than others. It is no less true that elected officials at the local, state, and federal levels have made the policy decision that corrections is no longer a governmental monopoly that will be protected from competition.

**T**hus, the winds of change are blowing across the nation. The commitment to reinventing government—sometimes by contracting out for services government itself once provided—will not diminish. The effect is that those working in the public sector who wish to protect their systems from the threat they perceive from the privatization movement will have to accomplish the protection by providing proof of the efficiency and effectiveness of their own efforts.

Public sector correctional practitioners will enjoy the right to serve the public interest only if they are able to provide the best possible correctional services at the lowest possible cost. If that fact of modern political life gives rise to anxiety among those working in public correctional facilities, the anxiety will not wither away merely through the advancement of empty claims that private sector firms are more interested in doing well than in doing good. The privateers are here. And they plan to stay.

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### Notes

1. The core of the policy statement adopted by ACA in early 1985 was that government should "use all appropriate resources, both public and private" and that, regarding private management firms, they were acceptable as long as the providers' programs "meet professional standards, provide necessary public safety, provide services equal to or better than government, and be cost-effective compared to well-managed governmental operations."

2. A combination of subsequent legal developments and the early successes of privatization experiments prompted the ABA to soften its initial negative resolution regarding privatization in a resolution that was adopted in 1989. However, the opposition of AFSCME, AJA, and NSA remains firm.

3. Ira P. Robbins, *The Legal Dimensions of Private Incarceration*. (Washington, D.C.: American Bar Association, 1988). p. 4.

4. An illustration of this is provided by a Texas statute that precludes contract awards absent an assurance of operating cost savings of at least 10 percent.

5. Judith Hackett et al., *Issues in Contracting for the Private Operation of Prisons and Jails*. (Washington, D.C.: The Council of State Governments and The Urban Institute. 1987). p. 124.

6. See, e.g., Charles H. Logan and Bill W. McGriff, "Comparing Costs of Public and Private Prisons: A Case Study," *NIJ Reports* 216 (1989); The Urban Institute,

*Comparison of Privately and Publicly Operated Correctional Facilities in Kentucky and Massachusetts* (Washington, D.C.: National Institute of Justice, 1989); Sandra E. Albright and Fran Harchas, "Private Prison Management in Louisiana A Cost Analysis," unpublished manuscript (1990); Doctor R. Grants III, "Private Prison Management: A Study in Economic Efficiency," *Journal of Contemporary Criminal Justice* 7 (1991): 49; *Private Prisons: Report to the Chairman. Subcommittee on Regulation, Business Opportunities and Energy, Committee on Small Business, United States House of Representatives* (Washington, D.C.: U.S. General Accounting Office, 1991); Texas Sunset Advisory Commission, *Recommendations to the Governor of Texas and Members of the 72nd Legislature* (Austin, Texas: The Commission, 1991).

7. An often-ignored illustration of the factors that influence cost savings appears to involve nothing more or less than the per prisoner per day costs government was willing to tolerate prior to contracting decisions. All other things being equal. the higher the costs paid by government prior to contracting, the greater the cost savings realized by contracting. For example, Crams (1991:57) reports that SantaFe County, New Mexico was paying a relatively high \$75.00 per prisoner per day prior to awarding a management contract to CCA in 1986 that provided for a per diem payment of \$44.50, thus yielding an estimated operating cost savings of 40.7 percent.

8. Logan and McGriff, *supra*, note 6.

9. Texas Sunset Advisory Commission, *supra*, note 6.

10. In large part on the strength of this cost analysis, the TDCJ recently awarded four additional contracts for the private design, construction, and management of 500-bed prisons.

11. This does not mean that no private facilities are operating under court orders or consent decrees that are applicable to the correctional systems of which they are a part. it does mean that I have found no evidence of a private firm having entered into a consent decree or being placed under a court order as a consequence of a finding of unconstitutional jail or prison conditions in a facility for which it was responsible.

12. Charles W. Thomas and Sara L. Martin, *Private Adult Correctional Facility Census*, 5th ed. (Gainesville, Florida: Private Corrections Project, 1993).

13. Robert B. Levinson, "Okeechobee: An Evaluation of Privatization in Corrections," *Prison Journal* 65 (1985): 75; Hackett et al., *supra*, note 5; Samuel J. Brakel, 'prison Management, Private Enterprise Style: The Inmates' Evaluation," *New England Journal on Criminal and Civil Confinement* 14 (1988): 1; The Urban Institute, *supra*. note 6; Charles H. Logan, "Well Kept: Comparing Quality of Confinement in Private and Public Prisons," *Journal of Criminal Law and Criminology* 83 (1992): 577.

14. Logan, *ibid*, p. 601.

**Elected officials at the local, state, and federal levels have made the policy decision that corrections is no longer a governmental monopoly that will be protected from competition.**

# A Tool for Population Management: The Release Level Matrix

by **Melinda Rasch,**  
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**T**he Los Angeles County Sheriffs Department operates the eight custody facilities in the county's jail system. These facilities have a average daily inmate population of 20,868. The department manages the Custody Division with 3,434 employees and a \$340 million annual budget.

The Sheriff's Department has been under a long-standing federal court order to limit the size of the inmate population in each county jail. The court gave the Sheriff's Department broad authority to manage the jail population based on available bed space. More recently, the threat of budget reductions and the closing of some facilities have influenced the county's jail population management strategy.

The department's commitment to provide tranquility and safety in our communities has been undermined by inadequate funding and crowded jail conditions. Historically, these factors have forced the department to manage inmate populations by attempting to affect inmates' length of stay through such methods as

early release credits, percentage release, and citation release.

In response to the current fiscal crisis, the department has re-examined these inmate population control strategies and devised new ones. Perhaps the most significant new strategy is the "release level matrix" (RLM), which sorts inmates into manageable and identifiable release levels by assigning numerical values in five evaluation categories. The result reflects a "most-to-least" acceptable order for re-introducing inmates into the community.

## How the Release Level Matrix Works

To institute the release matrix system, the Custody Division first evaluated the entire inmate population by using a series of "filters" that sorted prisoners into identifiable groups. These initial filters sorted inmates into the following groups:

- Male and female;
- Misdemeanants, felons, and those with a combination of misdemeanor and felony charges; and
- Sentenced, unsentenced, and partially sentenced inmates.

Using these initial categories, the Custody Division then experimented with various groupings to determine

the applicability of additional filters. Through this process, they arrived at the final categories that are now used to sort inmates for release eligibility:

Category	Point values
<b>Gender</b>	-
<b>Charge type/level:</b>	
<b>Misdemeanor</b>	5
<b>Felony</b>	9
<b>Sentence status</b> (Sentenced, partially sentenced, or unsentenced)	-
<b>Security level</b>	0 to 9
<b>Current charge(s)</b>	0 to 9
<b>Bail amount</b>	0 to 9
<b>Percent of sentence completed</b>	0 to 9

Each inmate is given a score in the five categories with numerical values (see above) and then sorted in terms of the other categories. Inmates with "special handles," "holds," or those associated with an "unusual occurrence" arrest are also placed in a special category. After all sorting is completed and point values totalled, each inmate is assigned an overall raw score. Inmates are listed in ascending order of their scores, and the result is the release level matrix, which ranks all inmates for potential release.

At the top of the matrix are inmates with the lowest scores-those who are most acceptable for release.



These are inmates with the lowest security level, lowest bail, least heinous charge(s), and with the greatest portion of any sentence completed. Inmates at the opposite end of the matrix are those with the highest security level, highest bail, most heinous charge(s), and smallest portion of sentence completed.

### Using the Matrix

The release level matrix is used to guide an orderly and progressive release of inmates when needed to control inmate populations or to close facilities. It is intended to be a fair and equitable method of identifying inmates eligible for release and to result in the least possible impact to the community.

As a result of a current budget crisis and a continued increase in the inmate population, the Custody Division has been integrating the release level matrix with other existing release mechanisms. Currently being used system-wide, the matrix is used in concert with the citation release and percentage release programs. The Division has implemented the matrix system slowly and cautiously, as staff and administration accustom themselves to new procedures and reports.

The RLM was the primary release procedure used to effect the closure of the Mira Loma Facility in August 1993. This facility was selected for closure because the resulting release or reassignment of its inmates would have the least

impact on the Custody Division. Closing this facility also provided the inmate population management staff the opportunity to evaluate the RLM mechanism as applied to the process of releasing and/or reassigning inmates and closing a facility.

### Continuing Population Management Efforts

Although the release level matrix provides a tool for the long-term management of inmate populations, the populations also require constant monitoring. Recognizing the need to remain proactive to changing population patterns, the Sheriff's Department is developing a full-time population management staff. Their responsibilities will include:

- Analyzing current and historical data on inmate population trends, making projections of those trends, and identifying potential problems;
- Comparing actual inmate populations with actual space availability;
- Making recommendations for shifting inmate populations within Custody Division facilities; and

- Identifying segments of the inmate population to target for release when necessary.

By accessing current and historical records and automated reports, the population management staff will monitor and control inmate populations on a continual basis.

**A**s the Los Angeles County Sheriff's Department prepares for the possible closure of additional jail facilities and the reduction of the jail population, the Custody Division will continue to revise its release level matrix technique to meet the ever-changing needs of a large custody management system and the communities it serves.

For additional information, contact Deputy Melinda Rasch, Planning and Research Unit, Custody Headquarters, Los Angeles County Sheriff's Department, at (213) 974-6081. ■

The release level matrix is intended to be a fair and equitable method of identifying inmates eligible for release and to result in the least possible impact to the community.

# Correctional Health Care: Potential Impacts of National Health Care Reform

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Over the past several months there has been an enormous amount of discussion and speculation about health care reform. Questions most often asked are: What is the most effective approach? How will it affect our society? And, How will it be financed?

As these issues are pondered, the correctional health care industry is interested in the impact of projected reforms on the health care services provided in the nation's jails and prisons. In my opinion, health care reform under the Clinton plan, regardless of its final format, will have minimal impact on corrections because the key components of the

**Reform under the Clinton plan, regardless of its final format, will have minimal impact on corrections because its key components have been fundamental principles in correctional health care for the past ten to fifteen years.**

plan have been fundamental correctional health care principles for the past ten to fifteen years.

To substantiate this hypothesis, I will attempt in this article to:

- Identify key problems addressed by health care reform;
- Identify the reforms most frequently proposed;
- Identify the consensus features of health care reform;
- Highlight the key elements of the Clinton plan; and
- Evaluate how the proposed reforms will affect correctional health care delivery systems.

## What Problems Will Health Care Reform Address?

Cost! Accelerating health care cost is the driving force behind reform. For the past fifty years, public health officials, health providers, and economists have attempted to find effective ways of controlling the cost of health care in the United States. In

spite of a variety of strategies, however, costs continue to increase. At the same time, a large number of Americans have either inadequate

health insurance or none at all and, as a result, may receive inadequate care or risk financial ruin.

It is also clear that the current system is not equipped to handle the changing demographics of our society or the spread of HIV disease, tuberculosis, and other communicable diseases. Limited access, high costs, confusing regulations, mounds of paperwork, and administrative nightmares describe our current system and the problems health care reform seeks to address.

Purely from a public health perspective, the only way to control health care costs is to change the way we spend the American health care dollar. Ninety-seven cents of each health care dollar are spent on acute and chronic medical care, while only three cents are spent on preventive health care. Only when we change our behaviors (in terms of diet, smoking, and exercise) will we see a decrease in the annual rate of growth in health care expenditures. Our behavior is not likely to change overnight, and politicians are not willing to invest in programs that will not pay off for fifteen to twenty years.

## Commonly Proposed Reforms

Given this environment and its complex problems, the following types of reform have been those most frequently considered:

- **Voucher systems, in** which vouchers would be distributed to insurance companies to cover the poor and to provide tax deductions for the middle class. This Bush Administration proposal would have provided minimal cost controls except for malpractice reforms and networks using volume purchases to obtain benefits for small groups at lower cost.

- **Managed competition, in** which the government regulates the market to increase competition based on price and quality and informs consumers to increase their bargaining power and motivate them to shop for the best value available.

- **Managed care,** a related concept, is described as various degrees of organized and directed services provided through health maintenance organizations, independent practice associations, preferred provider organizations, and the monitoring of employee utilization.

Several components are common to each of these reform proposals:

- Universal access;
- Cost controls;
- The patient's freedom to choose a physician;
- The scope of benefits; and
- Co-payments.

When one considers why health care reforms are needed, these common elements are quite logical.

### **What are the Nuts and Bolts of the Clinton Plan?**

As of September 22, 1993, the Clinton plan relied primarily on the managed care approach and had the following components:

- **Who is covered:** All U.S. citizens, including those abroad, and legal residents. Prisoners and illegal immigrants would not be covered unless a state decides otherwise. Programs for Native Americans and veterans would be separate.

- **Who pays:** Business would pay 80 percent of premiums, employees, 20 percent. Part-time workers would be covered on a prorated basis.

- **Cost:** Annual premiums would be approximately \$1,800 for an individual and \$4,200 for a family.

- **Choice of physician: In** a low-cost health maintenance organization, participants are assigned a doctor. In the highest-cost program, participants choose a doctor and pay more. A third option provides a network of doctors and services to choose from.

- **What is covered: The scope** of benefits includes hospital treat-

ment, office visits, prescription drugs, dental work for children, mental health and substance abuse treatment, pregnancy services, and rehabilitation services. Not covered are cosmetic surgery, private nursing services, private hospital rooms, experimental treatments, hearing aids, adults' dental work before the year 2000, in-vitro fertilization, sex change surgery, or breast reconstruction.

### **How Will the Proposed Reforms Affect Correctional Health Care Delivery?**

Although the Clinton health plan has other elements, the important components for evaluating its impact on correctional health care have been identified. We may thus proceed with testing the hypothesis that health care reform will have little impact on how we deliver correctional health care.

**Universal access.** The basis for my hypothesis is related to the key component of "universal access? It has always been my philosophy that the inmate's constitutional right to health care is the most significant example of health care as a right versus a commodity and that it is the free-world practice of medicine that needs to be changed. In a sense, the incarcerated have had "universal access" to health care for the past ten to fifteen years, including the right to any treatments recommended by health professionals.

It is noteworthy that the Clinton plan places the burden of treating the incarcerated on the states. This is essentially a moot issue in terms of state prisoners, while the burden for financing health care for city and county jail inmates rests with the local jurisdiction. The end result is that access to care will not change for the incarcerated inmate.

**Co-payments and premiums.** The issue of who pays for inmate health care is fairly clear—it is and will continue to be the state or the local jurisdiction. However, the potential for inmate co-payment becomes a legitimate issue in that this would be consistent with the community standard. Moreover, recent litigation on this issue, particularly in the state of Nevada, has upheld a correctional agency's right to require inmate co-payments. As a word of caution, it is important that an agency have well-defined criteria and objectives for inmate co-payment and does not count on receiving revenues adequate to offset the cost of inmate health care.

There have been no definitive studies of correctional health delivery systems that provide hard data on the annual, per-inmate cost of medical care. However, surveys report a high of \$2,600 per inmate-year and a low of \$750. The general estimate of industry providers is that the average cost nationwide is between \$1,500 and \$1,800 per inmate-year. Interestingly, this figure correlates very closely with the estimated average health care premium

for individual per year under the Clinton plan, which is proposed at \$1,800.

**Choice of physician.** One of the most often-heard arguments against health care reform is that it will provide limited choice of physician—or even no choice—unless the individual co-pays for that option. In general, the incarcerated individual is assigned to a correctional facility's physician/mid-level practitioner, and this is likely to continue to be the case. However, there are appropriate situations in which an inmate has a right to a second opinion from either another facility physician or an outside consultant.

**Scope of benefits.** One area in which significant change in correctional health care may be expected is in the scope of benefits. Changes here may help correctional health care providers make services more appropriate and cost-efficient. Inmates often demand specific types of medical services and even bring suit based on community standards in terms of special services including cosmetic surgery, sex change surgery, and orthodontic dental work. The Clinton plan, which sets guidelines and parameters for a well-defined scope of benefits, could provide the basis for setting similar

parameters in corrections. In other words, if inappropriate and unnecessary services and procedures are not covered under the free world plan, there would be no legal basis for requiring them to be covered in the correctional health care system.

**By defining a community standard of care that does not include such treatments as cosmetic surgery and sex-change operations, the Clinton plan could reduce the legal basis of inmate claims that corrections should provide these services.**

### **Correctional Health Care as a Laboratory for Cost Control**

The final area of health care reform I would like to discuss has to do with cost control strategies. Examples being demonstrated in correctional systems include group purchasing, competitive contracting, and others.

**Group purchasing.** Many correctional health care providers have instituted cost control measures over the past several years in response to decreased funding. Some jails and prisons have instituted formal buyer groups for purchasing pharmaceuticals, and others have joined with local county health departments or are purchasing through national pharmaceutical vendors.

**Competitive contracting.** In the U.S., there are currently no fewer than ten providers of correctional health care who bid on contracts for health care services. Increasing competition among contract

providers can result in significant cost containment. Although I do not advocate contracting for health care services in every institutional setting, there are merits to contracting for specialized services such as radiology, orthopedics, and laboratory services. Contracting basic medical services in jails and prisons with fewer than 2,000 inmates also has a good potential for being cost-efficient.

Other innovative strategies. Additional options for reducing health care costs include providing over-the-counter medication through the inmate commissary (see article, p. 14); instituting inmate self-medication programs; using generic as opposed to brand-name drugs; contracting for mobile dialysis services provided at the facility; and developing automated medical information systems.

**T**his review is over-simplified. Nevertheless, the evidence does seem to support the hypothesis that correctional health care, itself a model of managed care, already reflects the core elements that have been proposed for a reformed system of health care in the U.S. The correctional health care system, like the system being proposed, has the following attributes:

- It provides universal access;
- The scope of benefits is defined;
- It can utilize combined buying power and competitive bidding to reduce costs; and

- It encourages the use of innovative cost controls.

I therefore believe the effect of health care reform on the correctional health care delivery system will be minimal, yet positive-minimal because managed care is, at least to some extent, currently being practiced; positive because the scope of benefits defined in the Clinton plan will become the community standard. This will, in turn, give the correctional health care provider a solid legal basis for narrowing the scope of care without worrying about a potential suit for not providing cosmetic or other unnecessary services.

Another positive benefit may be that correctional health care providers can continue to be innovative in developing new cost control measures such as:

- Tele-Med case conferences, enabling physicians to discuss options for case management through a televised link-up;
- Automated medical record systems that are shared by local jails and state prisons;
- Multi-jurisdictional acute-care hospitals serving local jails and state and federal prisons; and
- Co-ed medical services in correctional treatment centers and jail infirmaries.

**C**orrectional health care can be viewed on the one hand as "the last frontier of organized medicine," and on the other as at the cutting edge of innovation and health care reform. It is essential that, as health care providers in the correctional setting, we participate in structuring health care reform and monitor its progress so that our services meet the standard of care in the community.

For additional information, contact Dr. John Clark, P.O. Box 72028, Los Angeles, California, 90002; (213) 974-0149. ■

# San Bernardino County Inmates Purchase Over-the-Counter Medicines through the Commissary

*by Maria Lawrence, R.N., B.S.N., M.P.A., Administrator of Medical Services, San Bernardino County Sheriff's Department, San Bernardino, California*

**T**he Medical Services Division of the San Bernardino Sheriffs Department is experiencing the same problems as health services in other corrections facilities and in the community-increasing health care costs combined with dwindling resources. In corrections, we face the additional problems that result from a growing inmate population with more complex health care needs. Our crowded facilities also increase the potential for the spread of communicable disease.

In the custody setting, inmates' ability to receive virtually unlimited health care services can give them unrealistic expectations for health care after they are released. Such expectations sometimes lead to their seeking primary care "On demand" from hospital emergency rooms, which, in turn, causes an increase in community health care costs.

Because health care resources in corrections and the community at large are limited, it is both fiscally and ethically correct to undertake measures to reduce waste and to allo-

cate resources where they are most needed and can be most effective. These measures include teaching inmates to be informed, responsible, health care consumers.

These were among the issues the San Bernardino Sheriffs Department considered as we looked for ways to use health care resources more effectively. One measure we instituted was to make selected over-the-counter medications available to inmates through the commissary.

## Project Goals

We had three goals in beginning this project:

- **To encourage inmates to assume more responsibility for their health.** By making over-the-counter medications available to them, we give inmates the same opportunity to medicate themselves for the common cold, flu, and other minor, self-limiting ailments as they would have in the outside community.
- **To reduce the number of inmate requests for sick call for minor health problems.** With a reduction in sick call for minor ailments for which most persons normally would not seek professional care, health care staff can be utilized

more effectively to treat those with serious needs. Staff can also play a more significant role in early detection of disease, prevention, treatment, and education.

- **To reduce pharmacy costs.** We anticipated that escalating pharmacy costs could be reduced by having some medications paid for through the commissary.

An added benefit is that when inmates share responsibility for their own care, the value of treatment is likely to increase, as is the likelihood of compliance with instructions for self-care.

## Addressing Health Care Concerns

Correctional health services must address a number of issues when considering a program that makes over-the-counter medications available to inmates. The most critical issues are the medications' safety and risk for toxicity: identification of inmates who should not be permitted to purchase medications; inmate education; and procedures for instances in which self-care fails. In addition, it is crucial to ensure that medications are available to indigent inmates and that all eligible inmates have timely access to the medications.

**Safety and security.** Facility staff from all departments must be involved from the beginning:

- Custody staff must approve all containers, because some may pose a security risk;
- Medical staff must approve medications and dosages;
- Commissary staff-or whoever is going to provide the medications-must make access a priority.

**Inmate education.** It is important to educate inmates before implementing the program. We developed a self-care sheet that provides written information on signs and symptoms of common colds, flu, and sore throats. It also includes information on prevention, comfort measures, and, most importantly, when to come to sick call.

In addition, we encourage commissary and custody staff to refer to nursing staff any inmates who repeatedly request over-the-counter medications. Although our goal is to provide the most cost-effective health care possible, such measures are important in providing a safety net for those who may be trying to self-treat a condition that requires professional care.

**Adequate access.** Providing adequate access to over-the-counter medications is very important. A commissary that is open only once a

week will not suffice. Colds and flu, although self-limiting, can cause considerable discomfort. Inadequate access will require inmates to request sick call; it may also lead to an increase in inmate grievances related to a lack of health care access.

Prices for the medications should be set realistically so that cost is not a major obstacle to inmates. Indigent inmates must have access, free of charge, to at least those medications that relieve pain and discomfort. This alone is a real challenge. The system must provide indigent inmates sufficient access to medication but not allow for abuse. In our system, the commissary purchases the medications with Inmate Welfare Fund moneys. All proceeds from sales go to the fund, which is the source of payment for indigent inmates' medications.

**Program analysis.** It is also important to track and analyze program statistics to determine if the program is cutting costs and allocating resources better. If results suggest an increase in communicable diseases or acute care needs, the program should be evaluated to determine if these patterns are related to inmates' treating themselves when they should be coming to sick call. If that is the case, measures must be implemented to improve intervention procedures for failed self-care.

## **San Bernardino County's Experience with the Program**

With these considerations and goals in mind, the San Bernardino Sheriffs Department implemented the over-the-counter medication program in January 1993. The medications available are acetaminophen, ibuprofen (Advil), cough drops, throat lozenges, Sudafed, Actifed, anti-fungal cream and powder, antacid tablets, and vitamins without

**It is important that the agency procedures provide a safety net for inmates who may try to self-treat a condition that requires professional care.**

iron. Indigent inmates are allowed ibuprofen or acetaminophen, but not both, Actifed or Sudafed, anti-fungal cream, and antacid tablets.

When inmates who come to sick call need only over-the-counter medications, they are told to get them from the commissary. Our biggest challenge has been to provide timely access and avoid abuse. For example, in our experience, inmates quickly learn to become indigent. In addition, those who are indigent may order everything for which they are eligible and then trade these medications for other items.

Because our commissary is unable to make over-the-counter medications available more than once per week, we plan to begin providing these items in the housing units. Custody staff will distribute the medications,

and a form will be used to debit the inmate's account. The form will also serve as an inventory tool to track when medications need to be replaced.

### **Project Outcomes**

In spite of the difficulties we have had, the program has been successful. In the six months the program has been in operation at the West Valley Detention Center, sick call use has decreased 17 percent, though the facility's average daily population has increased by 16 percent in the same period. At another facility, sick call has decreased 20 percent. In addition, for both facilities, pharmacy costs have been reduced from an average of \$52,137 per month to \$27,200 per month.

The reduction in the use of sick call has made it possible to allocate more health care staff time to infection control, prevention, and education. An additional area we have begun to address is inmates need for aftercare when they are released. Aftercare is especially important for those with chronic mental illness and those being treated for a communicable disease. As health care providers, we have a responsibility to the individual and the community to assist in ensuring continuity of care upon release.

**I**n any health care setting, care includes educating patients to be informed, participative, and responsible health care consumers.

Teaching patients self-care and prevention is an essential component of health care delivery, whether in the community or a custody setting. Health care is a concern to inmates, and we as health care providers can use the correctional setting to teach self-care and prevention.

For additional information, contact Maria Lawrence, Administrator of Medical Services, San Bernardino County Sheriff's Department, 655 East Third Street, San Bernardino, California, 92415-0061; (909) 387-3636. ■

**In the six months the program has been in operation at the West Valley Detention Center, sick call use has decreased 17 percent.**



# Milwaukee County Inmate Programs

## Improve Job Skills and Benefit the Community

by **Richard Cox,**  
**Superintendent, Milwaukee**  
**County House of Correction,**  
**Milwaukee, Wisconsin**

**C**ontrary to what its name suggests, the Milwaukee County House of Correction is actually a correctional system consisting of four facilities-the Training and Placement Center, the Adult Correctional Center, the Franklin M. Lotter Building, and the Community Correctional Center. The system's average daily population of approximately 1,400 inmates is comprised of pre-trial and postconviction men and women.

The House of Correction offers a variety of programs and services ranging from the traditional, such as laundry and food services, to more unconventional programs, such as a fish hatchery and nursery. We also provide several educational and vocational programs through partnerships with a private, non-profit social

**Through the nursery operation, Milwaukee's parks will be supplied new trees and shrubs at reduced cost, and inmates will receive useful job training.**

service agency and the adult vocational education system. A description of a few of our innova-

tive efforts to address the needs of the staff, the inmate population, and the community follows.

### **Range of Industry Programs in Operation**

**Nursery facilities.** Milwaukee County has one of the finest park systems in the nation. There are more than twenty-three square miles of parks and parkways in the county-nearly 10 percent of the county's total of 241 square miles.

Recent budget restrictions were about to force significant reductions in the county's nursery operation, which supplied trees for the park system. To avert this loss, the House of Correction set aside fifty-eight acres of farmland to be used as a tree nursery. We then began to use inmate labor to plant trees.

The initial start-up cost to plant more than 15,000 trees through 1997 is approximately \$10.00 to \$15.00 per tree. This figure may seem high. After seven to eight years of growth, however, the trees will be ready for effective use in the parks and at that point will be worth more than ten times their initial cost.

More than 6,000 trees have been planted to date. They include thirty-six types of trees-both conifers such as spruce, pine, and fir and hardwoods including maple, oak, and walnut. This project ensures that Milwaukee County's park system will continue to provide the community with parks and recreation areas that improve the quality of life.

The nursery program is an example of the House of Corrections' commitment to solving several problems with a single solution. Milwaukee County's parks and lands will be supplied new plants and shrubs at a significantly reduced cost, and, at the same time, inmates at the House of Correction will receive useful job training.

**Fish hatchery.** Raising fish at the House of Correction was the idea of former County Executive William F. O'Donnell, who was interested in improving urban fishing in local waterways. The project was initiated in several phases.

- Phase I of the project was begun in 1984, using eighteen old bathtubs (purchased for \$5.00 each), inmate labor, and technical assistance from the University of Wisconsin-Milwaukee (UWM) Center for Great Lakes Study. An old dairy creamery was converted into a small-scale hatchery at

which the House of Correction raised several hundred hybrid blue-gills. These fish were used to stock the county park system. Phase I proved that our inmates could successfully raise fish.

- In Phase II we constructed an indoor fish hatchery. An old barn formed the core structure in which more than fifty tanks were installed. We completed the hatchery in 1989 with very limited funding and by using inmate labor. In the fall of 1989, 10,000 yellow perch were transferred to the hatchery from the UWM lab.
- Phase III began with the construction of outdoor rearing ponds. A UWM graduate student studied the area and found that the subsoil was ideal for earthen ponds. The engineering department of the 440th Air Reserves assisted in constructing the ponds. Although work still remains to complete the project, 10,000 rainbow trout have already been produced and a hatching pond is now being used to incubate 160,000 eggs. In addition to UMW and the 440th Air Reserves, groups deserving credit for this significant undertaking include the Milwaukee County Parks Department, the Wisconsin Highway Department, House of Correction staff, and Rawson Contractors.

Fish production has steadily increased since the project began. In 1990, we produced 5,000 yellow perch, 2,000 hybrid bluegills, and

2,000 walleyes and hybrid walleyes, for a total of 9,000 fish. In 1993 to date, we have produced 10,000 rainbow trout and 22,000 yellow perch-32,000 fish. In addition, as a result of the 1992 class, we have 30,000 yellow perch that will be used to stock our ponds in 1994.

The hatchery will continue to raise various breeds of fish for stocking the waterways of the Milwaukee County parks. The hatchery also will hold lake fish for the Milwaukee County Zoo this fall and winter while the zoo's aquarium is being renovated.

Inmate workers do most of the maintenance for the fish hatchery. In 1993, the program received the National Association of Counties' Achievement Award for Innovative Programs.

**Garden/farm program.** The House of Correction Garden Program provides fresh vegetables and fruit to House of Correction and county jail populations. The garden also raises pumpkins for Halloween activities in the county park system. When bumper crops are raised, the surplus produce is donated to local food pantries.

The garden program began in 1990, but early production was hampered by the lack of suitable equipment and by equipment breakdowns. With the 1991 arrival of a Case 265 row tractor and other used farm implements (plow, disc, planter, etc.), garden production improved.

The wholesale value of the crops raised that year was approximately \$28,000. With improved techniques, better equipment (including an 865 Case tractor), and better growing conditions, the 1992 garden produced more than \$50,000 worth of fresh produce.

In March 1991, two seasonal greenhouses were created by refurbishing old, unused chicken coops. They made possible the preparation of over 600 flats of cabbage, tomatoes, and other transplants. At a retail value of \$6.00 per flat, these transplants had a market value of \$3,600.

The garden is practically a year-round program, with planning, seed and pesticide purchases, orchard pruning, and equipment maintenance taking place during the off-season. When the soil becomes workable in early spring, the garden program shifts into high gear. The goal in spring is to prepare a suitable, weed-free seed bed in the twenty-five to thirty acres used for the garden. The land is carefully worked, and most crops are planted by May. More than twenty-five types of crops are raised, with some variation in types from year to year. Most harvesting takes place between July 1 and the first frost.

This fall the inmates have helped build a new, all-season greenhouse. Looking toward the future, we want to improve weed control to ensure increased quantity and quality.

Inmate workers provide the labor for all garden activities. Although it is long, hard work, the garden/farm is one of the most popular programs among inmates.

**Laundry operations.** A new institutional laundry was designed and built as part of the Eli Surges addition to the main Adult Correctional Center. Opened in the spring of 1990, it was designed using hospital laundry accreditation specifications to handle anticipated laundry and linen processing needs for county-operated hospitals. Meeting these more stringent requirements proved invaluable in later compliance with new standards for infection control in correctional facilities.

The laundry now serves two major accounts: the county hospital and the county jail. In addition to meeting the needs of these facilities and all House of Correction needs, the laundry has several minor customers, including the county parks concession operations. Approximately 2.6 million pounds of laundry and linen are processed each year.

A dedicated staff of laundry professionals supervises an inmate work crew of twenty-four residents on two shifts. A structured on-the-job training program helps inmates develop marketable skills in laundry operations. A federal grant awarded in 1993 enabled inmates to participate in expanded adult basic education and occupational skills classroom training.

The laundry operation has proven highly successful. A significant number of inmates are productively engaged and receiving a quality vocational training opportunity. Labor-intensive personal laundry, usually unpopular in commercial institutional establishments, is being handled at an unusually high service level. Costs for our own laundry are offset by the rates paid by outside customers.

**Print shop operations.** The House of Correction also operates a print/graphics shop. A head pressman/printer supervises a five-inmate work crew on two offset presses (one color) and other related printing equipment. All forms and other in-house printing jobs are handled at the shop.

In addition, the shop provides some printing services for other Milwaukee County departments as well as for charitable and non-profit organizations located near the main correctional facility. Collectively, these services provide modest revenue to offset the institution's costs for printed material.

The rehabilitation value of the printing operations is particularly significant because southeastern Wisconsin is one of the largest centers in the nation for the printing industry. Though post-placement tracking needs to be refined, our

records indicate that one-quarter of the inmates who completed the basic structured program are now employed in the industry, where they earn more than \$8.00 an hour.

**Post-placement records indicate that one-quarter of those who have completed the print shop training are now employed in the industry.**

### **Educational and Vocational Training Opportunities**

Several local education institutions and non-profit agencies provide education/vocational training for House of Correction inmates. Through a grant from State of Wisconsin Administered Funds, the Milwaukee Area Technical College established a Learning Center that provides services to House of Corrections inmates. Learning Center faculty provide a comprehensive assessment to determine inmates' base-level skills in math, language, and reading comprehension. Teachers then work with inmates to create an educational development plan to help them meet long-term educational and occupational goals. The Learning Center offers basic skills education and GED preparation as appropriate to inmates' skills.

Another provider, the Wisconsin Correctional Service, is a non-profit social service agency with fifteen years' experience providing education, vocational training, and job placement services at all House of Correction facilities. Services are

provided through two programs, the Job Training Partnership Act (JTPA) Employment Program and the Learn and Earn Program.

### **JTPA employment program.**

Through funds from the Federal Job Training Partnership Act, Wisconsin Correctional Services provides services at the Training and Placement Center and the Community Correctional Center, primarily for inmates with work release or Huber privileges. Unemployed Huber/work release inmates with sentences greater than thirty days are screened for the JTPA program. Inmates wishing to enter the program are tested academically and given a career interest inventory and aptitude test. Persons scoring below the ninth grade level on the academic tests are encouraged to enter a basic skills program to work on eighteen competency areas that will improve their ability to function in the work world. Participants scoring at the ninth grade level or above who do not have a high school diploma or GED are encouraged to attend GED/HSED preparatory classes.

Inmates interested in vocational training may be enrolled in one of several vocational training programs. At present, training is available in custodial/building maintenance, food service, laundry, and, seasonally, arborist/landscaping and asphaltting. Training programs, which average about ten weeks in length, prepare participants for entry-level positions in the work force.

After academic deficiencies are addressed and/or vocational training is completed, participants are transferred to the Community Correctional Center for training in job seeking skills and job search activities. The two-week job-seeking course trains participants in completing employment applications, drafting resumes and cover letters, and interviewing on the telephone and in person. Participants are knowledgeable about the labor market and their potential in the labor force. When they can demonstrate competence in job-seeking skills, they are ready for job search activities.

Because structured job search activities require community access, assistance is offered only at the Community Correctional Center. Participants are allowed out into the community to complete employment applications and to report for verifiable job interviews. Once a participant secures employment, program Job Developers verify employment information and complete the paperwork to secure the participant's release from the institution. They also work closely with House of Correction personnel and employers to keep the participant employed.

Program staff have developed working relationships with area employers, who frequently call when their labor force is low. The program places, on an average, twelve program participants in employment per month. A total of 162 partici-

pants were placed in jobs between July 1, 1992 and June 30, 1993. The program's job verification activities for the House of Correction help Milwaukee County collect more than \$500,000 in inmate board payments annually.

### **Learn & Earn demonstration**

**project.** In October 1992, Wisconsin Correctional Service received a contract from the U.S. Department of Education to develop a three-year demonstration project, Learn & Earn. The project integrates basic skills and vocational instruction, House of Correction work details, and payment for attendance.

Curricula for the Learn & Earn program are based on existing House of Correction work assignments: laundry, food service, farm/arborist, asphalt, custodial/building maintenance, and printing. The Learn & Earn program operates at the Adult Correctional Center and the Training & Placement Center. To be eligible for participation, inmates must be sentenced to at least 120 days.

Project participants from the general population volunteer for a work assignment. Because this is an experimental project, participants are randomly selected for either the control group, which obtains just work experience, or the experimental group, which receives classroom and work experience.

Those in the experimental group make a ten- to twelve-week commitment to the program. Students attend

daily, hands-on classroom sessions lasting two and one-half hours, in which basic academic and pre-employment skills are integrated into the vocational curriculum and taught using the cooperative learning model. Outside speakers representing employers in the vocational areas are frequent guests. The classroom session is either preceded or followed by a full work shift in the vocational area. Near the end of the training course, participants write, "star in," and produce an instructional video. Videos are filmed and edited by ESSC-TV, a non-profit association governed by the Cable Consortium Board.

Expected program outcomes of Learn & Earn are:

- Improvement in basic academic skills, especially as they relate to the workplace;
- Increased ability to work as a cooperative team member and communicate effectively with peers and authority figures;
- Enhanced knowledge of a specific vocational area;
- Thorough knowledge of pre-employment issues and the job market;
- Enhanced ability to obtain and retain meaningful employment, thereby achieving economic independence;
- Enhanced ability to function effectively in everyday relationships and to exercise the rights and responsibilities of citizenship; and
- Recognition of the value of life-long learning.

After completing the program, participants with community access privileges are assisted in job search activities. The court is also petitioned on behalf of straight-time participants in an attempt to obtain community access privileges so that they may also begin to look for jobs. Employment follow-up and monitoring occur six months and one year after completion of the program or job placement.

**B**ecause it is often difficult for inmates to return to school after years of frustration, failure, and perceived irrelevance, this program ties academic learning as closely as possible to a vocational area. Reading, writing, and math lessons are taken from real-life materials such as trade journals, magazines, and newspapers. In addition, relevance and continuity are established by involving outside employers and institutional work supervisors in the classroom setting.

Keeping inmates involved for a meaningful length of time is another major educational concern. Using a highly interactive, hands-on approach, the program endeavors to develop group cohesiveness and accomplishment and to encourage

confidence, responsibility, motivation, and enthusiasm.

To date, two cycles of food service training have been completed, as have one cycle of arborist/landscaping training and one of laundry training. Currently under way are classes in food services, an arborist class, and training in custodial building maintenance and printing.

Although the program is too new to determine a success rate, to date, 40 percent of participants who have completed training are employed in related areas.

## Conclusion

The Milwaukee House of Correction attempts to engage its residents in useful and productive activity. Using a web of inter-connecting and overlapping programs and initiatives, the House of Correction makes positive use of inmates' time and prepares them for productive membership in society.

For further information, contact Richard Cox, Superintendent, Milwaukee County House of Correction, Milwaukee, Wisconsin; (414) 427-4700. ■

## Recommended Reading

### **The Americans with Disabilities Act-Title 1: Equal Employment Opportunities in Jails.**

Paula N. Rubin and Susan W. McCampbell. National Institute of Corrections (Washington, DC), 1993.56 p.  
Developed for a Special Intensive Skills Training Workshop, this document provides an overview of the Americans with Disabilities Act (ADA) and its impact on the criminal justice system. Discussed are hiring of new employees, job task analysis, medical standards, employee screening, and position announcements. The document also summarizes recommendations for evaluating agency ADA compliance.

### **Building Alternatives Instead of Jails: An Assessment of Community Corrections in Ulster County, New York.**

Roger Lauen, Marc Mauer, and Malcom C. Young. The Sentencing Project (Washington, DC); Ulster County Probation Dept. (Kingston, NY), 1992. Sponsored by National Institute of Corrections (Washington, DC). 44 p.  
This report analyzes Ulster County's criminal justice system, sentencing, and corrections programs. The

authors assess the effectiveness of several community corrections programs and alternatives to incarceration and advise the county on future program development.

### **Final Report of Client Participation at the East Day Reporting Center Education Program.**

The Frank X. Gordon, Jr. Education and Learning Center. East Day Reporting Center (Mesa, AZ); Maricopa County Adult Probation Dept. (Phoenix, AZ), 1993.28 p.  
With successful reintegration its main goal, the day reporting center requires clients to participate in programs such as GED, parenting, and anger control classes and various support groups. Though fairly new, the education program has experienced great success with its students. Appendices include student responses, organizational charts, program description materials, and cost comparison data.

### **The Local System Assessment: Facility Development Information and Application.**

National Institute of Corrections, Jails Division (Longmont, CO),

1993? 20 p.

A Local System Assessment (LSA) is a comprehensive review of the components of a jurisdiction's criminal justice system. The process includes reviewing the existing jail, law enforcement community programs, alternative sentencing, and the court system. In forecasting the jurisdiction's capacities and needs, the LSA identifies options for implementation and suggests methods of improving existing services and programs. An application for LSA is provided.

### **Women's Jails: An investigation of Offenders, Staff, Administration and Programming.**

Mary K. Stohr and G. Larry Mays. 1993. Sponsored by National Institute of Corrections (Washington, DC). 78 p. plus appendices.  
Five moderate-sized jails exclusively for women were examined in terms of facility profile, programming, staffing patterns and characteristics, and inmate characteristics. Data were gathered through jail administrator profiles and interviews, on-site observation, and staff and inmate questionnaires. The authors find that further research on women's jails is needed, especially to compare the women-only and mixed-population models, and recommend that a conference of administrators of women's jails be held.

Single copies of these documents may be requested by contacting the NIC Information Center at (800) 877-1481 or sending your request to 1880 Industrial Circle, Suite A, Longmont, Colorado, 80501.

*Mega Jail Survey*  
(Jails with Population over 1,000)  
January - December 1992  
PART I



Joseph M. Arpaio  
Maricopa County Sheriff

Deputy Chief Larry A. Wendt  
Bureau Commander

Published by: Maricopa County Sheriff's Office,  
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225 W. Madison,  
Phoenix, AZ 85003

(Stats)

County	Peak Pop. 1/92- 12/92 and Date Occurred	Pop. Dec. 31, 1992	Avg. Daily Bkgs. Month of Dec, 1992	Number of Security Staff (including Transportation)	Inmate to Staff Ratio	Security Staff Classification	Security Staff Entry Level Salary Per Year	Average Cost per Inmate per Meal C = Contracted out N = Agency	Average Health Care Cost per Inmate Per Day C = Contracted Out
<b>SENTENCES UP TO ONE YEAR</b>									
Los Angeles (11) Los Angeles, CA *	26,543 5/92	18,908	691	2,543	7.4:1	Deputy Sheriff Trainee	\$37,320	\$ .63	\$6.07
Cook (1) Chicago, IL	9,398 12/1/92	8,795	205	2,500	3.5:1	Correctional Officer	\$15,516	\$ .714c	N/A
Dade (7) Miami, FL *	N/A	4,974	281	1,423	3.5:1	Correctional Officer	\$18,974	\$1.50	N/Ac
Orange (5) Santa Ana, CA	4,950 9/19/92	4,525	183	472	9.5:1	Special Officer I	\$21,816	\$1.15	\$ 9.62
San Diego (8) San Diego, CA *	4,781 12/16/92	4,317	302	776	5.6:1	Dep. Sheriff & Corrs. Officer	\$26,088 \$21,567	\$ .96	\$ 8.13c
Maricopa (7) Phoenix, AZ *	5,353 2/24/92	4,226	263	916	4.6:1	Detention Officer	\$18,512	\$ .758	\$ 5.93
Santa Clara (7) San Jose, CA	4,387 9/21/92	3,841	208	794	4.8:1	Deputy/Correc- tional Officer	\$33,072	\$1.03	\$ 8.22

Joseph M. Arpaio  
Maricopa County Sheriff

- 2 -

County	Peak Pop. 1/92- 12/92 and Date Occurred	Pop. Dec. 31, 1992	Avg. Daily Bkgs. Month of Dec. 1992	Number of Security Staff (including Transportation)	Inmate to Staff Ratio	Security Staff Classification	Security Staff Entry Level Salary Per Year	Average Cost per Inmate per Meal C = Contracted out N = Agency	Average Health Care Cost per Inmate Per Day C = Contracted Out
Alameda (3) Dublin, CA	3,923 5/3/92	3,743	184	428	8.7:1	Deputy Sheriff	\$40,950	\$1.15c	\$ 6.54c
Orange (8) Orlando, FL*	3,730 2/26/92	3,195	128	841	3.8:1	Correctional Officer	\$22,526	\$ .92	\$ 4.84
San Bernardino (8) San Bernardino, CA*	3,716 4/19/92	2,998	183	405	7.4:1	Deputy Sheriff	\$30,156	\$ .74	N/A
Sacramento (3) Sacramento, CA*	3,260 03/27/92	2,710	124	426	6.7:1	Deputy Sheriff	\$31,440	\$1.01	N/A
Broward (3) Ft. Lauderdale, FL*	3,428 3/9/92	2,687	187	1,145	2.3:1	Deputy Sheriff	\$24,223	\$1.10	\$ 9.00c
Fresno (5) Fresno, CA*	2,451 12/01/92	2,290	91	328	7.0:1	Correctional Officer	\$17,352	\$1.38c	\$ 4.54
Riverside (5) Riverside, CA*	2,434 11/1/92	2,200	118	573	3.8:1	Deputy Sheriff & Corr. Officer	\$32,822 \$27,955	N/A	\$ 8.22c
San Francisco (7) San Francisco, CA*	2,321 11/30/92	2,185	125	390	5.6:1	Deputy Sheriff	\$40,000	\$1.11c	\$13.00
Fulton (1) Atlanta, GA*	2,471 2/24/92	2,176	68	649	3.4:1	Deputy Sheriff	\$20,136	\$1.20c	\$ 3.95c
Jefferson (4) Louisville, KY	2,321 12/10/92	2,128	114	430	4.9:1	Correction Officer	\$13,977	\$ .80c	\$ 3.79c
Jacksonville (3) Jacksonville, FL*	2,490 10/18/92	2,122	103	619	3.4:1	Correctional Officer	\$17,726	\$1.11c	\$1.48
Hillsborough (2) Tampa, FL	2,449 4/12/92	2,026	108	662	3.1:1	Detention Deputy	\$22,102	\$ .81	\$ 6.50c



Joseph M. Arpaio  
Maricopa County Sheriff

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County	Peak Pop. 1/92- 12/92 and Date Occurred	Pop. Dec. 31, 1992	Avg. Daily Bkgs. Month of Dec. 1992	Number of Security Staff (Including Transportation)	Inmate to Staff Ratio	Security Staff Classification	Security Staff Entry Level Salary Per Year	Average Cost per Inmate per Meal C = Contracted out N = Agency	Average Health Care Cost per Inmate Per Day C = Contracted Out
Shelby (1) Memphis, TN*	2,946 4/18/92	2,019	152	702	2.9:1	Deputy Jailer	\$16,632	\$1.00	N/Ac
Wayne (3) Detroit, MI*	2,003 12/31/92	2,003	52	753	2.6:1	Deputy (non-sworn)	\$19,000	\$1.93	\$ 12.16
Kern (4) Bakersfield, CA*	2,129 11/30/92	1,991	75	257	7.8:1	Deputy Sheriff Detention Off.	\$27,912 \$22,530	\$1.20	N/A
King (3) Seattle, WA	2,080 3/24/92	1,827	151	324	5.6:1	Correction Officer	\$27,296	\$ .80	\$ 7.65
Palm Beach (4) West Palm Beach, FL*	1,825 9/18/92	1,666	157	667	2.5:1	Deputy Sheriff	\$24,624	\$1.07c	\$ 6.35c
Dekalb (2) Decatur, GA	1,679 3/3/92	1,413	66	240	5.9:1	Detention Officer	\$20,544	\$1.03c	\$ 2.13
Oakland (6) Pontiac, MI	1,655 3/15/92	1,412	65	375	3.8:1	Dep. Sheriff	\$19,111	\$1.20	\$ 3.86
Clark (1) Las Vegas, NV	1,558 11/12/92	1,406	98	278	5.0:1	Corrections Officer	\$29,390	\$ .98c	N/Ac
El Paso (1) El Paso, TX	1,610 9/16/92	1,398	78	259	5.4:1	Detention Officer	\$14,317	\$ .76	N/A
Marion (2) Indianapolis, IN*	1,353 12/31/92	1,353	105	295	4.6:1	Corrs. Officer Deputy Sheriff	\$21,085 \$21,841	\$ .749c	\$ 5.50
Contra Costa (3) Martinez, CA	1,589 3/29/92	1,308	55	305	4.3:1	Deputy Sheriff	\$36,108	\$1.25	\$20.00 +
Pinellas (2) Clearwater, FL*	1,850 2/8/92	1,287	N/A	620	2.1:1	Correctional Officer	\$20,417	\$ .86	\$ 6.20c

County	Peak Pop. 1/92- 12/92 and Date Occurred	Pop. Dec. 31, 1992	Avg. Daily Bkgs. Month of Dec. 1992	Number of Security Staff (Including Transportation)	Inmate to Staff Ratio	Security Staff Classification	Security Staff Entry Level Salary Per Year	Average Cost per Inmate per Meal C = Contracted out N = Agency	Average Health Care Cost per Inmate Per Day C = Contracted Out
Multnomah (5) Portland, OR*	1,328 3/21/92	1,278	99	355	3.6:1	Corrections Officer	\$27,664	\$1.51c \$1.48N	N/A
Escambia (3) Pensacola, FL	1,172 12/31/92	1,172	160	278	4.2:1	Correctional Officer	\$25,600	\$1.03	\$ 4.27
Richmond City (2) Richmond, VA	1,378 6/12/92	1,170	25	379	3.0:1	Deputy Sheriff	\$19,059	N/A	N/A
Ventura (3) Ventura, CA	1,419 3/9/92	1,135	76	217	5.2:1	Deputy Sheriff	\$30,420	\$ .77	\$ 4.60c
San Mateo (6) Redwood City, CA	1,290 4/27/92	1,020	51	317	3.2:1	Deputy Sheriff Corr. Officer	\$40,612 \$33,384	\$1.68	N/A
San Joaquin (2) French Camp, CA*	1,288 11/15/92	1,019	76	198	5.1:1	Correctional Officer	\$30,552	\$1.40c	\$10.00
Davidson (4) Nashville, TN*	1,404 2/15/92	824	55	300	2.7:1	Correctional Officer I	\$14,976	N/A	\$1.4M Budget
SENTENCES OVER ONE YEAR:									
Harris (4) Houston, TX*	15,078 11/15/92	13,919	233	1,847	7.5:1	Deputy Sheriff	\$20,892	\$ .81	N/A
Dallas (4) Dallas, TX	7,100 11/13/92	6,655	281	1,096	6.0:1	Detention Svcs. Officer	\$19,128	\$ .60	N/A
Hamilton (5) Cincinnati, OH*	2,163 10/8/92	1,870	80	417	4.5:1	Corrections Officer	\$17,488	\$ .85c	\$ 2.70c
Denver (2) Denver, CO	1,787 4/11/92	1,389	97	581	2.4:1	Deputy Sheriff	\$23,376	\$ .71	N/A

Joseph M. Arpaio  
Maricopa County Sheriff

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County	Peak Pop. 1/92- 12/92 and Date Occurred	Pop. Dec. 31, 1992	Avg. Daily Bkgs. Month of Dec. 1992	Number of Security Staff (Including Transportation)	Inmate to Staff Ratio	Security Staff Classification	Security Staff Entry Level Salary Per Year	Average Cost per Inmate per Meal C = Contracted out N = Agency	Average Health Care Cost per Inmate Per Day C = Contracted Out
Prince George's (2) Upper Marlboro, MD	1,355 2/6/92	1,150	39	318	3.6:1	Correctional Officer Private	\$22,849	\$1.16	\$ 3.46c
Suffolk (5) Riverhead, NY*	1,332 2/10/92	1,090	36	593	1.8:1	Dep. Sheriff I Corr. Off I	\$25,000 \$25,900	\$1.81	\$ 5.86

COUNTIES NOT RESPONDING: New York City Dept. of Corrections, New York, NY; Philadelphia, Philadelphia, PA; Tarrant, Ft. Worth, TX; Bexar, San Antonio, TX

Compiled by: Mary Sampson, Administrative Secretary, Custody Bureau, Maricopa County Sheriff's Office, 225 W. Madison St., Phoenix, AZ 85003

NOTES:

\* = Systems under court order.

*Mega Jail Survey*  
*(Jails with Population over 1,000)*  
*January - December 1992*  
**PART II**



Published by: Maricopa County Sheriff's Office,  
 Custody Bureau,  
 225 W. Madison,  
 Phoenix, AZ 85003

Maricopa County Sheriff

Deputy Chief Larry A. Wendt  
 Bureau Commander

*(Issues)*

County	Square Miles Covered by Agency	Total No. Employees for Agency	Key Positions in Agency Held by Females	Where Inmate Property Stored	Where Inmate Canteen Located	How Inmates Reimbursed for Lost Items Upon Verification	Inmates Isolated from G.P. <small>Sex Offenders, Homosexual, HIV, AIDS, Inf. Diseases</small>	How Inmate Welfare Fund Managed
<b>SENTENCES UP TO ONE YEAR</b>								
Los Angeles (11) Los Angeles, CA *	3,970	11,642	Commanders, Captains, Lieutenants, Sergeants	1 location for men & 1 location for women	Centralized	By County Auditor	Sex Offenders, Homosexuals, & Inf. Diseases while contagious	Sheriff and Committee appointed by him
Dade (7) Miami, FL *	2,000	1,823	Bureau Chief, Assistant Dept. Director, Bureau Commander	Lrg. facility own; Small facilities are Centralized	Centralized	Through Administrative Division	Sex Offenders & Homosexuals. Some HIV, AIDS, Inf. Diseases if contagious	Officer-in-Charge & Committee that includes Chaplain
Orange (5) Santa Ana, CA *	798	2,253	Watch Commander	Each Facility	Centralized	Claim filed against County	Inf. Diseases, some Sex Offenders, Transvestites	Sheriff and Inmate Welfare Fund Committee

County	Square Miles Covered by Agency	Total No. Employees for Agency	Key Positions in Agency Held by Females	Where Inmate Property Stored	Where Inmate Canteen Located	How Inmates Reimbursed for Lost Items Upon Verification	Inmates Isolated from G.P. <small>Sex Offenders, Homosexual, HIV, AIDS, Inf. Diseases</small>	How Inmate Welfare Fund Managed
San Diego (7) San Diego, CA *	3,755	2,582	Assistant Sheriff, Captain	Individual Facility	N/A	Through facility budget	Homosexuals, Sex Offenders in Prot. Cust., AIDS & Inf. diseases by medical order	Managed by committee appointed by Sheriff
Maricopa (7) Phoenix, AZ *	9,226	1,862	Deputy Chief Major, Captain, Division Commander	Individual Facility	Centralized	Budget of Division responsible	HIV, AIDS, & Inf. Diseases when medically necessary	Sheriff holds in trust for inmates benefit
Santa Clara (7) San Jose, CA	1,312	1,114	Captain, Lieutenant, Personnel Mgr.	Individual Facility	Individual Facility	N/A	Sex Offenders, Homosexual, AIDS & Inf. Diseases	N/A
Alameda (3) Oakland, CA	840	1,262	Division Commander, Captain, Lieutenant	Individual Facility	Individual Facility	County Insurance Provider	Sex Offenders & Inf. Diseases	Sheriff & Inmate Svcs. Manager
Orange (8) Orlando, FL *	910	1,432	Department Manger, & Asst. Dept. Mgr.	Centralized	Centralized	N/A	Sex Offenders, Homosexuals, HIV & Inf. Diseases	Inmate Welfare Fund Committee
San Bernandino San Bernandino, CA	21,000	2,141	Health Svcs. Administrator	Individual Facility	Individual Facility	County Risk Management	Sex Offenders, Homosexuals & Inf. Diseases	N/A

County	Square Miles Covered by Agency	Total No. Employees for Agency	Key Positions in Agency Held by Females	Where Inmate Property Stored	Where Inmate Canteen Located	How Inmates Reimbursed for Lost Items Upon Verification	Inmates Isolated from G.P. <small>Sex Offenders, Homosexual, HIV, AIDS, Inf. Diseases</small>	How Inmate Welfare Fund Managed
<b>Sacramento (3)</b> Sacramento, CA	994	1,589	Division Commander, Captain	Individual Facility	Individual Facility	N/A	Sex Offenders, Homosexuals & Inf. Diseases if necessary	Committee approves Expenditures
<b>Broward (3)</b> Ft. Lauderdale, FL	123.8	1,400	Division Commander, Captain	Individual Facility	Centralized	Claim sent to Risk Management	Sex Offenders of child under 12, Inf. Diseases	Inmate Welfare Fund Committee
<b>Fresno (4)</b> Fresno, CA *	6,005	814	Lieutenant, Watch Commander	Centralized	Centralized	County General Fund	Homosexuals, AIDS & Inf. Diseases	Advisor Appointed by Sheriff
<b>Riverside (5)</b> Riverside, CA *	6,977	679	Captain, Commanders, Program Director	Individual Facility	Individual Facility	County General Fund	Sex Offenders, Homosexuals, Inf. Diseases	Sheriff & Inmate Welfare Committee
<b>San Francisco (6)</b> San Francisco, CA *	49	545	Captain, Lieutenant	Centralized	Individual Facility	Inmate Welfare Fund	Inf. Disease, upon medical recommendation	N/A
<b>Fulton (1)</b> Atlanta, GA *	534.5	736	Sheriff, Division Commander	Centralized	Individual Facility	Responsible Party or Inmate Welfare Fund	Inf. Diseases	Procurement Captain & Committee
<b>Jefferson</b> Louisville, KY	396	472	Major, Captain, Lieutenant, Sergeant	Individual Facility	Individual facility	Office or a small Claims Court	Homosexuals, others by request	Overseen by Business Administrator

County	Square Miles Covered by Agency	Total No. Employees for Agency	Key Positions in Agency Held by Females	Where Inmate Property Stored	Where Inmate Canteen Located	How Inmates Reimbursed for Lost Items Upon Verification	Inmates Isolated from G.P. <small>Sex Offenders, Homosexual, HIV, AIDS, Inf. Diseases</small>	How Inmate Welfare Fund Managed
Jacksonville (3) Jacksonville, FL *	750	690	Chief, Captain, Lieutenant, Sergeant	Centralized	Centralized	Paid through Gen. Fund.	AIDS, Inf. Diseases	Funded by City's Gen. Fund.
Hillsborough (3) Tampa, FL	1,000	875	Jail Commander, Captain	Centralized	Individual Facility	Submitted to Office Legal Unit	Sex Offenders, HIV, AIDS, & Inf. Diseases	Jail Inmate Canteen Fund Committee
Shelby (1) Memphis, TN *	N/A	N/A	Shift Commanders.	Centralized	Centralized	By Department	Homosexuals & Inf. Diseases	N/A
Wayne (3) Detroit, MI *	623	1,422	Chief of Staff, Lieutenant	2 Centralized Locations	Individual Facility	Jail General Fund Budget	Sex Offenders, Homosexuals, AIDS & Inf. Diseases	N/A
Kern (4) Bakersfield, CA *	8,064	994	Division Cmdr, Sergeant	Individual Facility	Centralized	Risk Management	Sexual Offenders, Homosexuals, Infectious Diseases	Chief of Detention
King (2) Seattle, WA	2,128	480	Unit Manager, New Jail Project Commander	Centralized	Centralized	Risk Management	Inf. Diseases if transmitted through air or utensils	Committee appointed by Director

County	Square Miles Covered by Agency	Total No. Employees for Agency	Key Positions in Agency Held by Females	Where Inmate Property Stored	Where Inmate Canteen Located	How Inmates Reimbursed for Lost Items Upon Verification	Inmates Isolated from G.P. <small>Sex Offenders, Homosexual, HIV, AIDS, Inf. Diseases</small>	How Inmate Welfare Fund Managed
Palm Beach (4) W. Palm Beach, FL*	2,023	2,308	Asst. Facility Commander, Lieutenants, Sergeants	Individual Facility	Individual Facility	Risk Management	Sex Offenders, Homosexuals, AIDS & Inf. Diseases if medically advisable	Inmate Welfare Fund Committee
Dekalb (2) Decatur, GA	269	512	N/A	Centralized	Individual Facility	County Finance	All categories are separated	Inmate Services Supervisor
Oakland (6) Pontiac, MI	900	780	Corrections Administrator, Asst. Business Manager	Centralized & Main Jail	Individual Facility	Risk Management	Homosexuals, Infectious Diseases	N/A
Clark (1) Las Vegas, NV	9,000	422	Watch Commander, Administrative Assistant, Sergeant	Individual Facility	N/A	Claim reimbursed by Office	Sex Offenders, AIDS, Inf. Diseases	N/A
El Paso (1) El Paso, TX	1,058	599	Legal Advisor, Budget Analyst	Centralized	Centralized	Court makes final decision	Sex Offenders, Homosexuals, Inf. Diseases	N/A
Marion (2) Indianapolis, IN*	480	N/A	Training Officer, Law Library Director	Individual Facility	Centralized	Through City Legal (S.O. has no funds)	Sex Offenders, Inf. Diseases	N/A



County	Square Miles Covered by Agency	Total No. Employees for Agency	Key Positions in Agency Held by Females	Where Inmate Property Stored	Where Inmate Canteen Located	How Inmates Reimbursed for Lost Items Upon Verification	Inmates Isolated from G.P. <small>Sex Offenders, Homosexual, HIV, AIDS, Inf. Diseases</small>	How Inmate Welfare Fund Managed
Contra Costa (3) Martinez, CA	740	384	N/A	Individual Facility	Contracted	By Office	Inf. Diseases, some Sex Offenders	Sheriff & Inmate Welfare Fund Committee
Pinellas (2) Clearwater, FL*	280	1,773	Legal Advisor, Chief Accountant	Centralized - female & male	Centralized	Risk Management	Sex Offenders HIV, AIDS, Inf. Diseases	Committee Chaired by Chaplain
Multnomah (5) Portland, OR*	435	696	Director, Captain, Lieutenant, Sergeant	Centralized	Centralized	Claim filed with Property & Commissary Unit	Sex Offenders, Homosexuals, AIDS, if deemed necessary	Committee appointed by Sheriff
Escambia (3) Pensacola, FL	673	477	Chief of Security	Centralized	Centralized	Reimbursed by Office	AIDS, Inf. Diseases	N/A
Richmond City (2) Richmond, VA	60	402	Deputy	Centralized	Centralized	Depends upon case	AIDS, Inf. Diseases, if necessary	N/A
Ventura (3) Ventura, CA	1,873	897	None	Centralized	Centralized	Risk Management	Sex Offenders, Homosexuals, Inf. Diseases	Business Office
San Mateo (6) Redwood City, CA	552	498	Lieutenant	Individual Facility	Individual Facility	By Office	Sex Offenders, Homosexuals, & Inf. Diseases	By Accounting Department

County	Square Miles Covered by Agency	Total No. Employees for Agency	Key Positions in Agency Held by Females	Where Inmate Property Stored	Where Inmate Canteen Located	How Inmates Reimbursed for Lost Items Upon Verification	Inmates Isolated from G.P. <small>Sex Offenders, Homosexual, HIV, AIDS, Inf. Diseases</small>	How Inmate Welfare Fund Managed
San Joaquin (3) French Camp, CA *	1,435	664	Unit Managers	Centralized after 72 hrs.	Centralized	By Office	Some Sex Offenders, Some AIDS & Inf. Diseases , if med. advisable	Expenditure approved by Department's Finance Unit
Davidson (4) Nashville, TN*	533	471	Asst. Chief Deputy, Chief of Security, Dir. of Chaplain Svcs.	Centralized	Individual Facility	Paid by County	Sex Offenders, Homosexuals, Inf. Diseases, if medically recommended	N/A
<b>SENTENCES OVER ONE YEAR:</b>								
Harris (4) Houston, TX *	1,164	3,400	Admin Asst. to Sheriff, Personnel Director, Captains	Centralized	Centralized for 3 jails	By Office	Sex Offenders, Homosexuals, AIDS, Inf. Diseases by Dr. Orders	N/A
Dallas (4) Dallas, TX	908.7	1,611	Division Commander	Centralized	Individual Facility	By Office	Sex Offenders, Homosexuals, HIV, Some Inf. Diseases	Purchased . through Co. for inmate benefit
Hamilton (6) Cincinnati, OH *	412	601	Fiscal Officer, Classification Manager, Captain, Lieutenant	Centralized	2 Centralized	N/A	Homosexuals, Inf. Diseases	N/A

County	Square Miles Covered by Agency	Total No. Employees for Agency	Key Positions in Agency Held by Females	Where Inmate Property Stored	Where Inmate Canteen Located	How Inmates Reimbursed for Lost Items Upon Verification	Inmates Isolated from G.P. Sex Offenders, Homosexual, HIV, AIDS, Int. Diseases	How Inmate Welfare Fund Managed
Denver (2) Denver, CO	155	703	Captain	Individual Facility	Individual Facility	N/A	Sex Offenders, Homosexuals, Inf. Diseases	N/A
Prince George's (3) Upper Marlboro, MD	487	441	Division and Asst. Division Chief, Captain	Inmates keep property	Do not have	If valid, settlement negotiated	Communicable diseases in medical isolation	N/A
Suffolk (3) Riverhead, NY*	911	857	Dep. Warden, Employee Relations Director, Corr. Coordinator	Centralized for 2	N/A	By Office	Sex Offenders, Homosexuals	N/A

COUNTIES NOT RESPONDING: Cook County, Chicago, IL; New York City Dept. of Corrections, New York, NY; Philadelphia Prisons, Philadelphia, PA; Tarrant, Ft. Worth, TX; Bexar, San Antonio, TX

Compiled by: Mary Sampson, Administrative Secretary, Custody Bureau, Maricopa County Sheriff's Office, 225 W. Madison St., Phoenix, AZ 85003

*Mega Jail Survey*  
*(Jails with Population over 1,000)*  
*January - December 1992*



PART III

Published by: Maricopa County Sheriff's Office,  
 Custody Bureau,  
 225 W. Madison,  
 Phoenix, AZ 85003

Joseph M. Arpaio  
 Maricopa County Sheriff

Deputy Chief Larry A. Wendt  
 Bureau Commander

(10 Years Past & Future Changes Foreseen)

CHANGES SEEN IN THE LAST 10 YEARS	FORESEEN IN THE NEXT 10 YEARS
Less emphasis placed on sworn officer as custodial officer	AIDS and TB epidemics in facilities
Emphasis on professionalism through training and standards	Lack of jails to house prisoners
Homosexuals no longer specifically identified and segregated	Lack of sufficient pay to recruit and retain qualified employees
Court intervention in jail operations from linear to direct supervision	Expansion of jail industries
Shift to inmate rights	Continuing increase of jail populations
Decline in inmate's health, causing health care costs to rise	Diminishing revenues to operate jails
Alternatives to incarceration being sought	Many changes in health care
Over population makes more violent offenders causing fewer releases	Double bunking
Pay parity	Sentence reductions
Emerging of Privatization in jail systems	Continuing to search for alternatives to incarceration
AIDS	Influx of refugees from Haiti and other Caribbean islands
More litigation by prisoners	Increasing gang problems in the jails
Misdemeanor inmates released due to lack of space	A more sophisticated and institutionalized inmate population
Women becoming involved in corrections as a career	Crack babies becoming teenagers and adults
Local jails have become holding facilities for state prisons	Privatization
Funding being obtained for industries and programs	An increase of programs for inmates
More emphasis being placed on total confinement	Increase in female offenders

Joseph M. Arpaio  
Maricopa County Sheriff

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More juvenile and mentally ill inmates	Efforts to run facilities more cost effective
More expertise in non-detention related positions, i.e. food, medical	Vocational training for inmates
More Disciplinary Action & Grievance hearings	Facility design with security and maintenance given top priority
Smoke free facilities	Construction costs
Inmates charged with non-support and Spousal Abuse	Employee incentives
Effects of the American Disabilities Act	Budget constraints
Personnel layoffs	Mentally ill inmates

